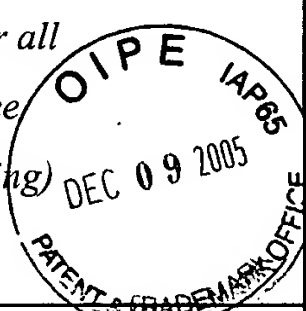


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TRANSMITTAL FORM	Application Number	09/409,617
(To be used for all correspondence after initial filing)	Filing Date	October 1, 1999
	Inventor	D.M. Shackelford
	Group Art Unit	2132
	Examiner Name	Benjamin E. Lanier
Total Number of Pages in this Submission: 4	Attorney Docket Number	TU999029



ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement; ___ references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an application) <input checked="" type="checkbox"/> Formal Drawings: <u>3</u> sheets <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ___ <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>)
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name:	David W. Victor, Registration No. 39,867	
Signature:		
Date:	December 6, 2005	
KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 90212 (310) 556-7983		<input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiency of fees, or credit any overpayment, to Deposit Account No. 09-0449

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO, on the date indicated below.		
Typed or Printed name:	David W. Victor	Customer No. 46917
Signature:		
Date:	December 6, 2005	